

PRINT OR TYPE IN BLACK INK

WELL DRILLING AND COMPLETION REPORTFor instructions on completing this form, visit the Division's website at www.dec.ny.gov/energy/205.html or contact your local Regional office.

FOR DEPARTMENT USE ONLY

Reviewed by _____		Date _____		Well Type _____	
WELL NAME AND NUMBER # 45			API WELL IDENTIFICATION NUMBER 31 - 0 9 7 - 6 1 2 0 1 - 0 0 - 0 1		
WELL OWNER (Full Name of Organization or Individual as registered with the Division) Arlington Storage Co. LLC d/b/a Inergy-ASC, LLC					
TYPE OF REPORT <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final		TYPE OF WELL <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal	
If the well is a directional or sidetrack, also submit a complete directional survey					
TYPE OF OPERATION <input checked="" type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert		WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input checked="" type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____			
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____		TYPE OF COMPLETION <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Other (Specify) _____			
7½ MINUTE QUAD NAME Reading Center		QUAD SECTION F			
LOCATION DESCRIPTION		Decimal Latitude (NAD83)		Decimal Longitude (NAD83)	
Surface _____ 0' _____ 0'		4 2 . 4 1 5 5 4 1		7 6 . 8 9 5 4 7 1	
Top of Target Interval _____		_____		_____	
Bottom of Target Interval _____		_____		_____	
Bottom Hole _____ 2,814 _____ 2,814		_____		_____	
TVD _____ TMD _____					
PRODUCING FORMATION(S) Syracuse		DEEPEST FORMATION PENETRATED Syracuse		DRILLING CONTRACTOR(S) Drillers LLC	
For vertical wells, use TMD to record depths					
COUNTY Schuyler		DATE DRILLING COMMENCED Month 9 Day 22 Year 2011		DRILLED WITH CABLE TOOLS (TMD) From _____ ft. to _____ ft.	
TOWN Reading		DATE DRILLING COMPLETED Month 10 Day 10 Year 2011		DRILLED WITH ROTARY TOOLS (TMD) From 0 ft. to 2,814 ft.	
FIELD/POOL NAME US Salt		DATE FINAL COMPLETION/RECOMPLETION Month 10 Day 10 Year 2011		ROTARY DRILLING FLUID <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud	
DRILLER'S TD (ft.) 2,814 TVD 2,814 TMD	LOGGER'S TD (ft.) 2,350 TVD 2,350 TMD	PLUG BACK TO (ft.) _____ TVD _____ TMD	KICKOFF DEPTH (ft.) _____ TMD	ELEV. (ft.) 537 <input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey	DATUM (ft.) 537 <input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back					
LIST ALL WIRELINE LOGS RUN—SUBMIT TWO (2) COPIES OF EACH <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud <input checked="" type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input type="checkbox"/> Caliper <input checked="" type="checkbox"/> Sonic <input checked="" type="checkbox"/> Others (Specify) Sbt cement bond, High res. vertilog				WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional	
				CUTTINGS COLLECTED FOR STATE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
CASING STRINGS	HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)
Drive Pipe or Conductor	existing	13 3/8	48		CASING 218 CENTRALIZERS BASKETS
Surface or Water					
Intermediate					
Production	existing	8 5/8	32		2816
Liners					
CEMENT DATA	CLASS/TYPE OF CEMENT	NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. ³ /sx)	VOLUME (ft. ³)
Drive Pipe or Conductor					CEMENT TOP (TMD) W.O.C. (hrs.)

WELL DRILLING AND COMPLETION REPORT

ATTACH ADDITIONAL INFORMATION AS NECESSARY

WELL NAME AND NUMBER # 45				API WELL IDENTIFICATION NUMBER 31-097612010001												
P R E C O M P L E T I O N	TYPE OF TEST (dst, bail, etc.)		ZONES TESTED (TMD)		DURATION OF TEST (hrs.)		FLUID TYPES AND AMOUNTS PRODUCED AND OTHER DATA									
			ft. to ft.													
			ft. to ft.													
			ft. to ft.													
C O M P L E T I O N	COMPLETION EQUIPMENT: List tubing, packer, rods, pump, bridges, etc.; note sizes and depths												WELL COMPLETED OPEN HOLE (TMD) 2,766 ft. to 2,801 ft.			
	8 5/8" 32# casing to 2816' with a 8 5/8" x 9" Wellhead and gate valve at surface open cavern from 2766' to 2801' 8 5/8 was perforated in yr 1982 @ 535' and 545' also from 2784' to 2794															
	PERFORATED INTERVALS (TMD)				NO. OF SHOTS		PERFORATED INTERVALS (TMD) Continued				NO. OF SHOTS					
	535 ft. to		545 ft.		40		ft. to ft.		ft. to ft.		ft. to ft.					
2,784 ft. to		2,794 ft.		ft. to ft.			ft. to ft.									
ft. to		ft.		ft. to ft.			ft. to ft.									
S T I M U L A T I O N	ZONES TREATED (TMD)				DETAILS: type and volume of materials, rates, breakdown psi, average treatment psi, isip, etc.											
	ft. to ft.															
	ft. to ft.															
	ft. to ft.															
	ft. to ft.															
	ft. to ft.															
	ft. to ft.															
P R O D U C T I O N	FORMATION TESTED				GAS TEST <input type="checkbox"/> Build Up		<input type="checkbox"/> Open Flow <input type="checkbox"/> Drawdown		OIL TEST <input type="checkbox"/> Pump <input type="checkbox"/> Flow		INITIAL SHUT-IN PRESSURE Surface _____ psi. Bottom Hole _____ psi.					
	DURATION OF TEST hrs.		FLOWING TEST DATA Choke in.		Tubing psi		Casing psi		S.I. Tubing psi		S.I. Casing psi		S.I. Time hrs.			
	PRODUCTION Oil bpd		Water bpd		Gas mcfpd		GAS MEASURED BY <input type="checkbox"/> Orifice <input type="checkbox"/> Pitot <input type="checkbox"/> Estimated				TEST STARTING DATE					
U N C O N S O L I D A T E D R E C O R D O F F O R M A T I O N	DEPTH IN FEET (TVD)		DEPTH IN FEET (TMD)		FORMATION NAME		DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FRESH WATER, BRINE, OIL AND GAS									
	0		0		-----		Ground Surface (Elevation)									
	517		517		Tully											
	1,486		1,486		Marcellus											
	1,544		1,544		Onondaga											
	2,045		2,045		Syracuse Salt											